SCHEDULE

G
BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT

CHECK THIS BOX IF

AMENDING FORM

COMMITTEE NAME(Must be same as on Statement of Organization)

Chet Culver Committee

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Brain Storm Campaign Policy Group		
Mailing Address		
1690 East Strasburg Road		
City	State	Zip Code
West Chester, PA 19380		

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

From 1.07	
то5.07	\$ 52,000.00

ESTIMATES OF PERFORMANCE

 ations Consu		

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
		SUB-TOTAL	\$

TOTAL (If last page of this schedule)

Page _____of ____of ____

Reset Form	SCHEDULE G	BREAKDOWN
	(Rev. 02/96)	OF MONETARY EXPENDITURES BY CONSULTANT
		THIS BOX IF

COMMITTEE NAME(Must be same as on Statement of Organization)	
Chet Culver Committee	

ART I - NAME AND ADDRESS OF CO	NSULTANT		TO OTHERS IN P	D BREAKDOWN OF UNREIMBURSED EXPENSES PAID ERFORMING SERVICES OF CONTRACT (These expensedule B, as they are direct payment from the consultant.)	es should NOT be	
Name of Consultant Cunningham Harris & Associates			DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
Mailing Address 201 Grand Central Avenue						\$
City Ripley, WV 25271	State	Zip Code				
CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPAL COMPENSATION PERFORMANCE					
From 1.1.07 To 12.31.07	\$ _112,000.00					
ESTIMATES OF PERFORMANCE						
Fund-raising Consulting					SUB-TOTAL	\$
				TOTAL (if last pag	e of this schedule)	\$
•					Page	ofO

Reset Form	SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES
		THIS BOX IF

COMMITTEE NAME(Must be same as on Statement of Organization)	
Chet Culver Committee	

	DATE EXPENDED (MM/DD/YR)	NAME AND
State Zip Code		
TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE		
\$ 83,000.00		
\$ 83,000.00		
	¬	
	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE	State Zip Code TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
		SUB-TOTAL	\$
	TOTAL (If last page	of this schedule)	\$

Page	3	of	6
-	(for S	chedu	le G)

Reset Form	G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	The second secon	THIS BOX IF

COMMITTEE NAME(Must be same as on Statement of Organization)	
Chet Culver Committee	

Mailing Address 3200 N Lake Shore Drive #2201		
City Chicago, IL 60657	State	Zip Code
CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPAT COMPENSATION F PERFORMANCE	
From 1.1.07 To 12.31.07	\$ 44,630.83	

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
1			
		SUB-TOTAL	s
	TOTAL (If last page		\$

Page 4 of 6 (for Schedule G)

Reset Form	SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
		THIS BOX IF

COMMITTEE NAME(Must be same as on Statement of Organization)	
Chet Culver Committee	

Name of Consultant Struble Eichenbaum Communication	ons	DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPEND
Mailing Address 700 Seventh Street SE			
City Washington, DC 20003	State Zip Code		
CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE		
From To2006	\$ _50,028.35		
ESTIMATES OF PERFORMANCE			
Media / Communications - final po	syment from 2006 consulting		
•			TOTAL

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE			
(MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
		SUB-TOTAL	\$
	TOTAL (If last page	e of this schedule)	\$

Reset Form	G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
		THIS BOX IF

COMMITTEE NAME(Must be same as on Statement of Organization)	
Chet Culver Committee	

Name of Consultant Swing State Media		
Mailing Address		
441 W 58th Terrace		
City	State	Zip Code
Kansas City, MO 64113		
	TOTAL ANTICIPA	
CONTRACT PERIOD (MM/DD/YR)	PERFORMANCE	NFOR
From 1.1.07		
To 12.31.07	s 3,450.40	
10	3	

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
		SUB-TOTAL	\$
	TOTAL (If last page	of this schedule)	\$

Page of of (for Schedule G)